

## § 726.211

(Pub. L. No. 96-511)

[38 FR 12494, May 11, 1973, as amended at 49 FR 18294, Apr. 30, 1984]

### **§ 726.211 Name of one employer only shall be given in each report.**

A separate report of the issuance or renewal of a policy and endorsement, provided for by § 726.208, shall be made for each operator covered by a policy. If a policy is issued or renewed insuring more than one operator, a separate report for each operator so covered shall be sent to the Office with the name of only one operator on each such report.

(Approved by the Office of Management and Budget under control number 1215-0059)

(Pub. L. No. 96-511)

[38 FR 12494, May 11, 1973, as amended at 49 FR 18294, Apr. 30, 1984]

### **§ 726.212 Notice of cancellation.**

Cancellation of a contract or policy of insurance issued under authority of the Act shall not become effective otherwise than as provided by 33 U.S.C. 936(b); and notice of a proposed cancellation shall be given to the Office and to the operator in accordance with the provisions of 33 U.S.C. 912(c), 30 days before such cancellation is intended to be effective (see sec. 422(a) of part C of title IV of the Act).

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### **§ 726.213 Reports by carriers concerning the payment of benefits.**

Pursuant to 33 U.S.C. 914(c) as incorporated by section 422(a) of part C of title IV of the Act and § 726.207 each carrier issuing a policy or contract of insurance under the Act shall upon making the first payment of benefits and upon the suspension of any payment in any case, immediately notify the Office in accordance with a form prescribed by the Office that payment of benefit has begun or has been suspended as the case may be. In addition, each such carrier shall at the request of the Office submit to the Office such additional information concerning

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policies or contracts of insurance issued to guarantee the payment of benefits under the Act and any benefits paid thereunder, as the Office may from time to time require to carry out its responsibilities under the Act.

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[38 FR 12494, May 11, 1973, as amended at 49 FR 18294, Apr. 30, 1984]

## **PART 727—REVIEW OF PENDING AND DENIED CLAIMS UNDER THE BLACK LUNG BENEFITS REFORM ACT OF 1977**

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AUTHORITY: 5 U.S.C. 301, Reorganization Plan No. 6 of 1950, 15 FR 3174, 30 U.S.C. 901 et seq., 902(f), 925, 932, 934, 936, 945; 33 U.S.C. 901 et seq., Secretary's Order 7-87, 52 FR 48466, Employment Standards Order No. 90-02.

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EDITORIAL NOTE: Nomenclature changes to part 727 appear at 55 FR 28607, July 12, 1990.

**Subpart A—General****§ 727.1 Statutory provisions, purpose of this part.**

(a) Under title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended by the Black Lung Benefits Act of 1972, benefits were provided to coal miners and certain survivors of coal miners on account of the miners' total disability or death due to pneumoconiosis. Part B of title IV of the act as amended provided that all claims for benefits filed between December 30, 1969, and June 30, 1973, would be filed with, processed by, and paid from Federal funds by the Secretary of Health, Education, and Welfare, through the Social Security Administration. The survivor of a miner was permitted to file a claim with the Secretary of Health, Education, and Welfare under part B until January 1, 1974, or within 6 months of the miner's death, if death occurred before January 1, 1974, or in the case of a part B beneficiary, within 6 months of the bene-

ficiary's death. Section 415 of part B of title IV of the act provides that a claim filed by a miner between July 1 and December 31, 1973, would be filed with and processed by the Secretary of Labor and paid, if appropriate, by the Secretary of Labor from Federal funds for all periods of eligibility between July 1 and December 31, 1973. For periods of eligibility after December 31, 1973, an approved section 415 claim was to be paid by a coal mine operator found liable pursuant to the act or the Secretary of Labor as appropriate. A claim filed after December 31, 1973, was to be filed under an approved State workers' compensation law or, if no such law was available in an appropriate State, the claim was to be filed with the Secretary of Labor under part C of title IV of the Act. Claims were to be adjudicated under certain provisions of the Longshoremen's and Harbor Workers' Compensation Act, as amended, 33 U.S.C. 901 et seq., and paid by a coal mine operator found liable pursuant to the act. If no such operator could be identified benefits were to be paid by the Secretary of Labor from Federal funds.

(b) The Black Lung Benefits Revenue Act of 1977 and the Black Lung Benefits Reform Act of 1977 significantly amend the provisions of title IV of the act to, among other things, establish the black lung disability trust fund (the fund) for the payment of all claims predicated upon coal mine employment which terminate prior to January 1, 1970, and for other claims for which no operator liability can be established. The fund is financed by individual coal mine operators. Other provisions of the act as amended modify the evidentiary requirements necessary to establish entitlement to benefits, eliminate certain restrictions on the filing of claims, establish penalties to be applied if a coal operator fails to meet its obligations under the act, and make technical, correcting, and other administrative or procedural and substantive changes.

(c) Section 435 of the act as amended directs the Secretary of Health, Education, and Welfare and the Secretary of Labor to undertake a review of all previously denied and pending claims in light of the amendments made by

such act. The Secretary of Health, Education, and Welfare is directed to perform this review at the request of the claimant on all denied and pending claims filed under part B of title IV of the Act, exclusive of those claims filed under section 415. The Secretary of Labor is directed to perform this review automatically on all claims filed under section 415 and part C of title IV of the Act, which were denied or pending as of the effective date of the Black Lung Benefits Reform Act of 1977, and in addition is required to review certain claims originally filed with the Secretary of Health, Education, and Welfare.

(d) The new section 435 contains provisions setting forth the scope of the claims review, the procedures to be followed and the consequences which accrue depending upon the results of any particular review. It is the purpose of this part to set forth and implement the provisions of section 435 as those provisions apply to the Secretary of Labor, and inform all interested parties of the manner in which a right to review will be extended with respect to all denied and pending claims for black lung benefits under the act by the Secretary of Labor.

**§ 727.2 Applicability and content of this part.**

(a) This part is designed to apply to, and set forth the role of, the Secretary of Labor in carrying out the provisions of section 435 of the act. The action to be taken and the procedure to be followed by the Secretary of Health, Education, and Welfare and the Social Security Administration under section 435 is detailed elsewhere. This part will, however, describe what will be done by the Secretary of Health, Education, and Welfare and the Social Security Administration in general terms and will detail the responsibilities assigned to the Secretary of Labor with respect to a claim reviewed by the Secretary of Health, Education, and Welfare.

(b) This subpart A describes generally the statutory framework established to facilitate the review of all pending and denied black lung claims, the applicability and content of this part and other relevant parts contained

in this title 20 of the Code of Federal Regulations, and sets forth applicable definitions and usages.

(c) Subpart B of this part sets forth the procedures to be followed in the review of various types of claims subject to review under this part.

(d) Subpart C of this part contains the criteria to be applied in determining a claimant's eligibility for benefits under this part. Such criteria shall also be applicable to all claims for medical services filed under section 11 of the Black Lung Benefits Reform Act of 1977 (see § 725.308(b) of this subchapter), and shall also be applicable to all other claims filed under part 725 of this subpart until such time as the Secretary promulgates new criteria for determining total disability or death due to pneumoconiosis in accordance with section 402(f)(1) of the act.

(e) Subpart D of this part contains provisions relating to the liability for, and conditions governing, the payment of benefits under this part.

(f) Subpart E of this part sets forth special provisions relating to the processing of claims subject to review under this part which are within the jurisdiction of an administrative law judge or the Benefits Review Board.

**§ 727.3 Definitions, use of terms.**

Except as is otherwise provided by this part, the definitions and usages of terms contained in subpart A of part 725 of this title, as amended from time to time, shall be applicable to this part.

**§ 727.4 Applicability of other parts in this subchapter.**

(a) *Part 725.* Part 725 of this subchapter, which sets forth: (1) The procedure for filing a claim for black lung benefits under part C of title IV of the act, (2) the procedure to be followed in the adjudication of claims so filed, (3) standards for determining whether a particular individual is a miner, or a qualified dependent or survivor of a miner, (4) the criteria to be applied in determining the liability of a coal operator or the fund for the payment of approved claims so filed, and (5) the manner in which the payment of benefits shall be made with respect to part C claims, shall not be applicable to the

processing, adjudication, or payment of claims under this part unless applicability is specifically provided by part 725 or this part.

(b) *Part 718.* Part 718 of this subchapter, which contains the criteria and standards to be applied in determining whether a miner is totally disabled due to pneumoconiosis or whether a miner died due to or while totally or partially disabled by pneumoconiosis, shall not be applicable to the determination of claims under this part unless applicability is provided by part 718 or this part. Until such time as part 718 of this subchapter is revised in accordance with the 1977 amendments to the act, the provisions of subpart D of part 410 of this title which are not inconsistent with the 1977 amendments to the act, shall be applicable to the adjudication of claims under this part, unless otherwise provided by this part (see subpart C of this part).

(c) *Parts 715, 717, and 720.* Parts 715, 717, and 720 of this subchapter, which parts established the procedures for the filing, processing, and payment of claims filed under section 415 of the act, are repealed and pertinent provisions of those parts which retain vitality are incorporated within part 725 of this subchapter as amended.

(d) *Part 726.* Part 726 of this subchapter, which contains provisions setting forth a coal operator's obligations to insure or self-insure its liability for the payment of benefits to certain eligible claimants, is applicable to this part insofar as it bears upon the responsibility of a coal operator to secure the payment of benefits to certain claimants who may be determined eligible for benefits under this part.

### Subpart B—Initial Review of Pending and Denied Claims

#### § 727.101 Who is entitled to review.

(a) *By the Secretary of HEW.* Any person who filed a claim for benefits under part B of title IV of the Act, excluding miners who filed under section 415 of the act between July 1 and December 31, 1973, and whose claim was either pending or had been denied as of March 1, 1978 (see § 727.102), may upon notification by the Secretary of Health, Education, and Welfare, elect to have the

claim reviewed by the Secretary of Health, Education, and Welfare.

(b) *By the Secretary of Labor.* (1) Any person who elects review by the Social Security Administration under paragraph (a) of this section and whose claim cannot be approved after such review shall have the claim reviewed by the Secretary of Labor.

(2) Any person who is eligible to have his or her claim reviewed under paragraph (a) of this section may elect to have the claim referred directly to the Secretary of Labor for review.

(3) Any person who has filed a claim for benefits under section 415 or part C of title IV of the Act and whose claim was pending or had been denied (see § 727.102) on or before March 1, 1978, shall have the claim automatically reviewed by the Secretary of Labor. (But see § 727.103.)

(4) Any claimant whose claim is subject to review by the Secretary of Labor under this paragraph shall have the right to submit additional evidence to the Secretary of Labor in support of such claim.

#### § 727.102 “Pending” and “denied” claim defined.

(a) *Applicability.* This section defines the terms “pending” and “denied” claims for purposes of this part only, and the following definitions shall be applicable only to claims filed with the Secretary of Labor under section 415 and part C of title IV of the Act.

(b) *Denied claim defined.* For the purposes of this part, a claim filed with the Secretary of Labor shall be considered a denied claim if:

(1) The claim was filed before March 1, 1978; and

(2) The claimant's entitlement to benefits has been denied for any reason by a district director in the Office of Workers' Compensation Programs, U.S. Department of Labor, an administrative law judge assigned to determine black lung claims by the Secretary of Labor, the Benefits Review Board in the U.S. Department of Labor, or an appropriate U.S. court of appeals; and

(3) No further proceedings before a district director, administrative law judge, the Benefits Review Board, or a U.S. court of appeals are pending; and

(4) The time has expired to seek further consideration of such denial; or

(5) The claim has been declared abandoned by a district director or administrative law judge (see § 725.409 of this subchapter which replaces 38 FR 26059).

(c) *Pending claim defined.* For the purposes of this part and except as provided in §§ 727.402 and 727.403, a claim filed with the Secretary of Labor shall be considered a pending claim if:

(1) The claim was filed before March 1, 1978; and

(2) The claim is before a district director, administrative law judge, the Board, or a U.S. court of appeals for consideration; or

(3) The time permitted to seek further consideration of the claim has not expired.

(d) *Withdrawn claims.* A claim for benefits which has been previously withdrawn at the request of the claimant (see § 725.306 of this subchapter) shall not be considered a pending or denied claim for purposes of this part. Any person who has voluntarily withdrawn his or her claim from consideration may file a new claim for benefits under part 725 of this subchapter.

**§ 727.103 Duplicate claims.**

(a) A person who filed a claim for benefits with the Social Security Administration and whose claim has been approved by that agency and who has also filed a claim with the Secretary of Labor which was pending or had been denied as of March 1, 1978, shall be entitled to a review of such claim under this part.

(b) A person who has filed a claim with the Social Security Administration which was pending or had been denied by that agency as of March 1, 1978, and who has also filed a claim with the Secretary of Labor that has been approved, shall be entitled to elect review of the pending or denied claim by the Social Security Administration or by the Department of Labor subject to the limitation contained in paragraph (e) of this section.

(c) A person who has filed a claim both with the Social Security Administration and the Department of Labor and whose claims were either pending with or denied by both agencies as of March 1, 1978, shall have the claim re-

viewed by the Social Security Administration if such review is requested by the claimant. If the claim is not approved by the Social Security Administration it shall be forwarded to the Secretary of Labor for further review as provided in § 727.106. During the pendency of review proceedings by the Social Security Administration, if any, no action shall be taken by the Secretary of Labor with respect to the claim which is pending or had been denied by the Secretary of Labor. If the claimant does not respond to notification of his or her right to review by the Social Security Administration within 6 months of such notice (see § 727.104), unless the period is enlarged for good cause shown, the Secretary of Labor shall proceed under this part to complete processing of the claim originally filed with the Secretary of Labor. If the claimant, upon notification of his or her right to review by the Social Security Administration (see § 727.104) requests that the claim originally filed with the Administration be forwarded to the Department of Labor for review, or if more than one claim has been filed with the Secretary of Labor by the same claimant, such claims shall be merged and processed with the first claim filed with the Department of Labor.

(d) A person may exercise the right of review provided in paragraph (c) of this section at the same time such person is pursuing an appeal of a previously denied part B claim under the law as it existed prior to March 1, 1978. If the part B claim is ultimately approved as a result of the appeal, the claimant must immediately notify the Secretary of Labor and, where appropriate, the coal mine operator, and all duplicate payments made under part C shall be considered an overpayment and arrangements shall be made to insure the repayment of such overpayments to the fund or an operator as appropriate.

(e) In the case of a claimant who has filed one or more claims with both the Social Security Administration and the Department of Labor, under no circumstances are duplicate benefits payable for concurrent periods of eligibility.

**§ 727.104 Review by the Social Security Administration.**

(a) *Notification.* The Social Security Administration will notify each claimant who has filed a claim for benefits under part B of title IV of the Act, excluding miners who filed under section 415 of the Act, and whose claim was either pending or had been denied on or before March 1, 1978, that upon the request of the claimant such claim shall be either:

(1) Reviewed by the Social Security Administration on the basis of the evidence contained in the claimant's file, in accordance with the amendments made by the Black Lung Benefits Reform Act of 1977; or,

(2) Referred by the Social Security Administration to the Office of Workers' Compensation Programs in the Department of Labor for review based on the evidence contained in the claimant's file and any additional evidence the claimant seeks to submit, in accordance with the amendments made by the Black Lung Benefits Reform Act of 1977.

(b) *Response to notification.* Upon receipt of a claimant's response or a response on behalf of a claimant to the notice required by paragraph (a) of this section the Social Security Administration will undertake to review the claim or refer the claimant's file to the Office for processing under § 727.107. If there is no response to notification sent in accordance with paragraph (a) of this section within 6 months from the date on which notice is sent, unless the period is enlarged for good cause shown, the claimant shall be considered to have waived the right to review by the Social Security Administration. The date on which notice is sent and the date on which a claimant's response is received shall be noted on an appropriate form by the Social Security Administration.

(c) *Change of election.* A Part B claimant who has elected review by the Secretary of Labor may in writing revoke such election and elect review by the Social Security Administration at any time before being notified of the district director's initial findings on the claim (§ 725.410 of this subchapter). If such a revocation is made, the district director shall return the claimant's file

to the Social Security Administration for appropriate processing. All documents received by the district director, except the documents changing the claimant's election, shall be deleted from the claimant's file before it is returned to the Social Security Administration.

(d) *Social Security Administration review procedures.* Where the Social Security Administration determines that the claimant is eligible, the Administration will forward the claim file together with a copy of such determination to the Office for processing and payment in accordance with § 727.105 and shall so notify the claimant. Where it is determined that the claim cannot be approved, the Social Security Administration will transfer the claimant's file to the Office for further review in accordance with § 727.106, and shall so notify the claimant.

**§ 727.105 Action by the Office, Social Security approval.**

(a)(1) Where the Social Security Administration determines that the claimant is eligible for benefits upon review under § 727.104(c), the claimant's file and certification of approval for payment of benefits will be forwarded to the Department of Labor. Upon receipt of the file and certification, the Office shall immediately authorize the payment of all benefits due to the claimant from the fund, in accordance with § 725.522 of this subchapter. Such payments shall commence within not more than 30 days. Payments shall include all past due benefits, augmentation for dependents and medical expenses to the extent supported by information in the file.

(2) After authorizing payment, the district director shall commence verification of the information in the file on which authorization of benefit payments was based. The district director shall request current information from the claimant pertaining to any matter affecting the amount of benefits payable or any additional information which may be necessary to establish a more detailed and complete history of the miner's employment. After receipt of such information, the district director shall determine the amount of benefits actually payable to the claimant

and shall, if necessary, increase, decrease or terminate benefit payments as appropriate in accordance with subpart G of part 725 of this subchapter. The district director shall then issue a proposed decision and order in accordance with the procedure set forth in §§ 725.418 and 725.419 of this subchapter, except as provided in paragraph (b)(1) of this section. If the information received establishes that there has been an underpayment or overpayment, benefit payments shall be corrected retroactive to January 1, 1974.

(3) If the information requested is not supplied to the district director within 60 days following such request, unless the period is enlarged for good cause shown, the district director shall issue an order to show cause why benefit payments should not be suspended and all benefits previously paid should not be declared an overpayment (see § 725.540 of this subchapter). If the claimant submits a satisfactory response to such order, and within a reasonable time submits sufficient evidence to allow the district director to determine the actual amount of benefits payable, the district director shall issue a proposed decision and order awarding benefits in accordance with §§ 725.418 and 725.419 of this subchapter except as provided in paragraph (b)(1) of this section. If there is no satisfactory response to the district director's order to show cause in the time allotted, the district director may issue a proposed decision and order in accordance with §§ 725.418 and 725.419 of this subchapter or proceed in accordance with § 725.409 of this subchapter. Benefit payments shall not be terminated and no overpayment shall be declared on account of an unrepresented claimant's failure to respond to a show cause order until the district director has attempted to contact the claimant personally or by telephone. In the case of an unrepresented claimant, a response to a show cause order may be given orally, in person or by telephone, except that such a response shall not excuse the claimant from submitting necessary information in writing.

(b) (1) If the district director determines that there is a coal mine employer which may be liable for the payment of benefits to the claimant, the

district director shall identify and notify such operator of its possible liability as provided in § 725.412 of this subchapter, and shall proceed to adjudicate the claim in accordance with the appropriate provisions of subparts D and E of part 725 of this subchapter. The identification and notification of an operator shall be made as soon as possible after receipt of the claimant's file

(2) An employer notified under this section shall have the right to have the claimant examined by a physician selected by such operator (see § 725.414 of this subchapter). If an employer contests the claim, the claimant may obtain and submit additional medical evidence to the district director within the time permitted by § 725.414 of this subchapter for the submission of the employer's evidence. Evidence submitted by a claimant under this paragraph shall be paid for by the fund, if authorized by the district director, and shall be reimbursable to the fund by the employer, if the employer is found liable for the claim (see § 725.407 of this subchapter).

(c) Except as is otherwise provided in this section, a determination of entitlement made by the Social Security Administration under this section is binding on the district director.

(d) If it is determined by an administrative law judge, the Benefits Review Board, or a U.S. court that the determination of entitlement made by the Social Security Administration was incorrect, the payment of benefits shall terminate and any benefits paid shall be considered an overpayment subject to collection in accordance with § 725.540 of this subchapter.

**§ 727.106 Action by the Office, insufficient evidence for Social Security approval.**

(a) In the case of a claim which has not been approved for benefits by the Social Security Administration under § 727.105, the claim shall be transferred by the Administration to the Office and the Office shall follow the procedures set forth in this section. There shall be no further consideration of a claim described in this paragraph except as provided in this part.

(b) Upon receipt of the claimant's file from the Social Security Administration, the Office shall assign the claim to a district director who may:

(1) Assist the claimant in obtaining additional medical evidence or request that such evidence be submitted (see §§ 725.405–725.408 of this subchapter); or

(2) Request such additional documents or information as may be necessary to establish the amount of benefits which may be payable, or to establish a more detailed and complete history of the nature and duration of the miner's employment.

(c) Based upon the evidence developed under this section, if any, and the information contained in the claimant's original file, the district director may make an initial finding with respect to the eligibility of the claimant and shall proceed to adjudicate the claim under §§ 725.409–725.421 of this subchapter, which action may include the notification and participation of a coal mine employer and the submission of additional evidence as is appropriate.

**§ 727.107 Action by the Office, Social Security referral without prior review.**

(a) In the case of a claim which is referred at the claimant's request by the Social Security Administration to the Office under § 727.104(a)(2) without prior review by the Social Security Administration, the Office shall follow the procedures set forth in this section.

(b) Upon receipt of a claimant's file the claim shall be assigned to a district director who shall examine the evidence contained in the file to determine whether the claim may be approved in light of the amendments made by the Black Lung Benefits Reform Act of 1977.

(c) If it is determined by the district director that the evidence in the file supports a finding of entitlement to benefits the district director may:

(1) Request up-to-date information from the claimant pertaining to any matter affecting the amount of benefits payable (see subpart G of part 725 of this subchapter); and (2) request any additional information or verification which may be necessary to establish a more detailed and complete history of

the miner's employment, for the purpose of determining the identity of any coal mine employer which may be liable for the payment of the claim, and for such other purposes as may be appropriate. Upon receipt of any additional information requested under this paragraph, or if the claimant fails to supply such information, the district director may make an initial finding with respect to the eligibility of the claimant, notify a coal mine employer, if any, of its possible liability for the claim and proceed to adjudicate the claim under §§ 725.409–725.421 of this subchapter.

(d) If it is determined by the district director that the evidence on file is insufficient to support a finding of entitlement with respect to a claim reviewed under this section, the district director may:

(1) Assist the claimant in obtaining additional medical evidence or request that such evidence be submitted (see §§ 725.405–725.408 of this subchapter); or (2) request such additional documents or information as may be necessary to establish the amount of benefits which may be payable, or to establish a more detailed and complete history of the nature and duration of the miner's employment. Based upon evidence developed under this paragraph, if any, and the information contained in the claimant's original file, the district director may make an initial finding with respect to the eligibility of the claimant and shall proceed to adjudicate the claim under §§ 725.409–725.421 of this subchapter.

**§ 727.108 Action by the Office, Department of Labor pending or denied claim.**

(a) In the case of a claim filed with the Office under section 415 or part C of title IV of the act which is pending or has been denied as of March 1, 1978, the Office shall follow the procedures set forth in this section.

(b) The district director shall examine the evidence contained in the file to determine whether the claim may be approved in light of the amendments made by the Black Lung Benefits Reform Act of 1977.

(c) The district director may: (1) Request up-to-date information from the



claimant pertaining to any matter affecting the amount of benefits payable (see subpart G of part 725 of this subchapter); and (2) request any additional information or verification which may be necessary to establish a more detailed and complete history of the miner's employment, for the purpose of determining the identity of any coal mine employer which may be liable for the payment of the claim, and for such other purposes as may be appropriate. Upon receipt of any additional information requested under this paragraph, or if the claimant fails to supply such information, the district director may notify a coal mine employer, if any, of its possible liability for the claim and proceed to adjudicate the claim under §§ 725.409-725.421 of this subchapter.

(d) If it is determined by the district director that the evidence on file is insufficient to support a finding of entitlement with respect to a claim reviewed under this section, the district director may:

(1) Assist the claimant in obtaining additional medical evidence or request that such evidence be submitted (see §§ 725.405-725.408 of this subchapter); or (2) request such additional documents or information as may be necessary to establish the amount of benefits which may be payable, or to establish a more detailed and complete history of the nature and duration of the miner's employment. Based upon the evidence developed under this paragraph, if any, and the information contained in the claimant's original file, the district director may make an initial finding with respect to the eligibility of the claimant and shall proceed to adjudicate the claim under §§ 725.409-725.421 of this subchapter.

(e) Notwithstanding the provisions of paragraphs (a) through (d) of this section, in the case of a claim filed by a part B beneficiary under part C of the act prior to March 1, 1978, for such additional benefits as may be available, the Department shall accept the Social Security Administration's documented finding of entitlement as its initial determination of eligibility.

**§ 727.109 Hearings and appeals, parties.**

(a) If a hearing before an administrative law judge is necessary in connection with a claim reviewed under this part, the hearing shall be conducted in accordance with the procedures set forth in subpart E of part 725 of this subchapter. An appeal from a decision of an administrative law judge shall be considered by the Benefits Review Board in accordance with the procedures set forth in parts 801 and 802 of this title.

(b) parties to proceedings conducted in connection with a claim reviewed under this section, matters relating to the representation of parties and the right of such representative to obtain a fee for services rendered, the powers of adjudication officers and the service of papers or documents shall be governed by the appropriate provisions contained in subparts C, D, and E of part 725 of this subchapter.

**Subpart C—Criteria for Determining Eligibility for Benefits**

**§ 727.200 Basis for criteria.**

In enacting the Black Lung Benefits Reform Act of 1977, Congress provided that the criteria for determining whether a miner is or was totally disabled or died due to pneumoconiosis shall be no more restrictive than the criteria applicable to a claim filed with the Social Security Administration on or before June 30, 1973, under part B of title IV of the Act (the interim adjudicatory rules). These criteria are to be applied to claims reviewed under section 435 of the Act, to all filed reviewed under section 11 of the Black Lung Benefits Reform Act of 1977 and to new claims filed prior to the effective date of regulations to be promulgated in part 718 of this subchapter which will establish permanent criteria, regardless of the date on which the claim is finally adjudicated. The rules promulgated in this section take into account the amendments made by the Black Lung Benefits Reform Act of 1977 and the expectations of the Congress. Accordingly, these rules provide additional standards, not available in the

interim adjudicatory rules, by which a claimant can take advantage of a presumption of total disability or death due to pneumoconiosis arising out of coal mine employment.

**§ 727.201 Persons entitled to benefits, dependents.**

Benefits are provided under the Act to a miner who is totally disabled due to pneumoconiosis and to certain survivors of a miner who died due to or while totally (or in certain cases, partially) disabled by pneumoconiosis. The amount of benefits payable to a miner or survivor may be increased on account of certain dependents. For the purpose of determining whether a claimant is a miner or qualified survivor of a miner or a qualified dependent of a miner or survivor under this part, the provisions of part 725 of this subchapter shall be applicable as appropriate.

**§ 727.202 Definition of pneumoconiosis.**

For the purposes of the act, *pneumoconiosis* means a chronic dust disease of the lung and its sequelae, including respiratory and pulmonary impairments, arising out of coal mine employment. This definition includes, but is not limited to, coal workers' pneumoconiosis, anthracosilicosis, anthracosisanthro-silicosis, massive pulmonary fibrosis, progressive massive fibrosis silicosis, or silicotuberculosis arising out of coal mine employment. For purposes of this definition, a disease "arising out of coal mine employment" includes any chronic pulmonary disease resulting in respiratory or pulmonary impairment significantly related to, or aggravated by, dust exposure in coal mine employment.

**§ 727.203 Interim presumption.**

(a) *Establishing interim presumption.* A miner who engaged in coal mine employment for at least 10 years will be presumed to be totally disabled due to pneumoconiosis, or to have been totally disabled due to pneumoconiosis at the time of death, or death will be presumed to be due to pneumoconiosis, arising out of that employment, if one

of the following medical requirements is met:

(1) A chest roentgenogram (X-ray), biopsy, or autopsy establishes the existence of pneumoconiosis (see § 410.428 of this title);

(2) Ventilatory studies establish the presence of a chronic respiratory or pulmonary disease (which meets the requirements for duration in § 410.412(a)(2) of this title) as demonstrated by values which are equal to or less than the values specified in the following table:

	Equal to or less than—	
	FEV <sub>1</sub>	MVV
67" or less .....	2.3	92
68" .....	2.4	96
69" .....	2.4	96
70" .....	2.5	100
71" .....	2.6	104
72" .....	2.6	104
73" or more .....	2.7	108

(3) Blood gas studies which demonstrate the presence of an impairment in the transfer of oxygen from the lung alveoli to the blood as indicated by values which are equal to or less than the values specified in the following table:

Arterial pO <sub>2</sub>	Arterial pCO <sub>2</sub> equal to or less than (mm. Hg.)
30 or below .....	70.
31 .....	69.
32 .....	68.
33 .....	67.
34 .....	66.
35 .....	65.
36 .....	64.
37 .....	63.
38 .....	62.
39 .....	61.
40-45 .....	60.
Above 45 .....	Any value.

(4) Other medical evidence, including the documented opinion of a physician exercising reasoned medical judgment, establishes the presence of a totally disabling respiratory or pulmonary impairment;

(5) In the case of a deceased miner where no medical evidence is available, the affidavit of the survivor of such miner or other persons with knowledge

of the miner's physical condition, demonstrates the presence of a totally disabling respiratory or pulmonary impairment.

(b) *Rebuttal of interim presumption.* In adjudicating a claim under this subpart, all relevant medical evidence shall be considered. The presumption in paragraph (a) of this section shall be rebutted if:

(1) The evidence establishes that the individual is, in fact, doing his usual coal mine work or comparable and gainful work (see § 410.412(a)(1) of this title); or

(2) In light of all relevant evidence it is established that the individual is able to do his usual coal mine work or comparable and gainful work (see § 410.412(a)(1) of this title); or

(3) The evidence establishes that the total disability or death of the miner did not arise in whole or in part out of coal mine employment; or

(4) The evidence establishes that the miner does not, or did not, have pneumoconiosis.

(c) *Applicability of part 718.* Except as is otherwise provided in this section, the provisions of part 718 of this subchapter as amended from time to time, shall also be applicable to the adjudication of claims under this section.

(d) *Failure of miner to qualify under the presumption in paragraph (a) of this section.* Where eligibility is not established under this section, such eligibility may be established under part 718 of this subchapter as amended from time to time.

**§ 727.204 Presumption of entitlement applicable to certain death claims.**

(a) In the case of a miner who died on or before March 1, 1978, who was employed for 25 or more years in one or more coal mines prior to June 30, 1971, the eligible survivors of such miner shall be entitled to the payment of benefits, unless it is established that at the time of death such miner was not partially or totally disabled due to pneumoconiosis. Eligible survivors shall, upon request by the Office, furnish such evidence as is available with respect to the health of the miner at the time of death, and the length of the miner's coal mine employment.

(b) For the purpose of this section a miner will be considered to have been "partially disabled" if he or she had reduced ability to engage in his or her usual coal mine work or "comparable and gainful work" (see part 718 of this subchapter as amended from time to time).

(c) In order to rebut this presumption the evidence must demonstrate that the miner's ability to perform his or her usual and customary work or "comparable and gainful work" was not reduced at the time of his or her death or that the miner did not have pneumoconiosis.

(d) The following evidence alone shall not be sufficient to rebut the presumption:

(1) Evidence that a deceased miner was employed in a coal mine at the time of death;

(2) Evidence pertaining to a deceased miner's level of earnings prior to death;

(3) A chest X-ray interpreted as negative for the existence of pneumoconiosis;

(4) A death certificate which makes no mention of pneumoconiosis.

**§ 727.205 Effect of current coal mine employment or coal mine employment at the time of death.**

In the case of a miner who is working in coal mine employment or was employed in coal mine employment at the time of death, the following shall apply:

(a) A deceased miner's employment in a mine at the time of death shall not be used as conclusive evidence that the miner was not totally disabled. In the case of a deceased miner who was employed in a coal mine at the time of death, all relevant evidence, including the circumstances of such employment and the statements of the miner's spouse, shall be considered in determining whether the miner was totally disabled due to pneumoconiosis at the time of death. In the case of a living miner, if there are changed circumstances of employment indicative of reduced ability to perform his or her coal mine work, the miner's employment in a mine shall not be used as conclusive evidence that the miner is not totally disabled.

(b) Notwithstanding any other provision of this section, and except as provided in section 411(c)(3) of the act, no miner shall be found to be totally disabled if the miner is found to be doing his or her customary coal mine work or "comparable and gainful work" (see § 410.412(a)(1) of this title) and there are no changed circumstances of employment indicative of reduced ability to perform coal mine work.

(c) No miner who is engaged in coal mine employment shall (except as provided in section 411(c)(3) of the act) be entitled to any benefits under this part while so employed. Any miner who has been determined to be eligible for benefits for any period during which such miner is engaged in coal mine employment shall be entitled to benefits if the miner's employment terminates within 1 year after the date such determination becomes final (see § 725.503A of this subchapter).

**§ 727.206 Quality standards applicable to evidence.**

(a) No chest X-ray or X-ray report, ventilatory study or blood gas study which does not or did not meet the quality standards applicable at the time the evidence was submitted shall be considered sufficient to invoke the interim presumption provided in § 727.203(a) of this part. With respect to evidence submitted prior to the effective date of part 718 of this title, the standards to be applied in the evaluation of evidence are contained in subpart D of part 410 of this title. Evidence submitted after the effective date of the revised part 718 shall be evaluated as provided in that part.

(b)(1) In all claims where there is other evidence of a pulmonary or respiratory impairment, a board-certified or board-eligible radiologist's interpretation of a chest X-ray shall be accepted by the Office if the X-ray is in compliance with the requirements of § 410.428(b) of this title and if such X-ray has been taken by a radiologist or qualified radiologic technologist or technician and there is no evidence that the claim has been fraudulently represented.

(2) The following definitions shall apply when making a finding in accordance with this paragraph:

(i) The term "other evidence" means medical tests such as blood-gas studies, pulmonary function studies or physical performance tests, physical examinations or medical histories which establish the presence of a chronic respiratory or cardio-pulmonary condition and the spouse's affidavit except that the spouse's affidavit alone shall not be sufficient in the case of a living miner to establish the existence of a respiratory or pulmonary impairment. In the case of a deceased miner, in the absence of medical evidence to the contrary, affidavits of persons with knowledge of the miner's physical condition may be sufficient to establish the presence of a respiratory or pulmonary impairment.

(ii) "Pulmonary or respiratory impairment" means an inability of the human respiratory apparatus to perform satisfactorily one or more of the three components of respiration, viz., ventilation, perfusion, and diffusion.

(iii) "Board-certified" means certification in radiology or diagnostic roentgenology by the American Board of Radiology, Inc. or the American Osteopathic Association.

(iv) "Board-eligible" means the successful completion of a formal accredited residency program in radiology or diagnostic roentgenology.

(v) "Qualified radiologic technologist or technician" means an individual who is either certified as a registered technologist by the American Registry of Radiologic Technologists or licensed as a radiologic technologist by a State licensing board.

**Subpart D—Payment of Benefits/  
Liability**

**§ 727.300 Conditions and duration of eligibility.**

The provisions of subpart B of part 725 of this subchapter shall be applicable in determining the conditions and duration of eligibility applicable with respect to a claim approved under this part.

**§ 727.301 Amounts payable, other payment provisions.**

Except as is otherwise provided in this part (see § 727.302), provisions relating to the amount of benefits payable, the manner of payment and all other provisions contained in subpart G of part 725 and § 725.309 of this subchapter, shall be applicable to a claim approved under this part. A miner whose claim is approved under this part shall be entitled to medical benefits to be determined and administered in accordance with the provisions of subpart I of part 725 of this subchapter.

**§ 727.302 Date from which benefits are payable after review and approval.**

(a) Section 435(c) of the act provides that any individual whose claim is approved after review shall be awarded benefits on a retroactive basis for a period which begins no earlier than January 1, 1974. This section implements section 435(c) of the act and sets forth provisions governing the date from which benefits shall be payable with respect to a claim reviewed under this part. (See also section 6(a) of the Longshoremen's Act as incorporated by section 422(a) of the act.)

(b) In the case of a claim reviewed and finally approved under § 727.105, benefits shall be payable for all periods of eligibility occurring on or after January 1, 1974.

(c)(1) In the case of a miner whose claim is reviewed and finally approved under § 727.106, benefits shall be payable for all periods of eligibility beginning with the month of onset of total disability due to pneumoconiosis or January 1, 1974, whichever is later. Where the evidence does not establish the month of onset, benefits shall be payable from the month during which the miner elected review under § 727.104.

(2) In the case of a survivor whose claim is reviewed and finally approved under § 727.106, benefits shall be payable for all periods of eligibility occurring on or after the month of the miner's death or January 1, 1974, whichever is later.

(d)(1) In the case of a miner's claim which is reviewed and finally approved under § 727.107, benefits shall be payable for all periods of eligibility beginning with the month of onset of total dis-

ability due to pneumoconiosis or January 1, 1974, whichever is later. Where the evidence does not establish the month of onset, benefits shall be payable from the month during which the miner elected review under § 727.104.

(2) In the case of a survivor whose claim is reviewed and finally approved under § 727.107, benefits shall be payable for all periods of eligibility occurring on or after the month of the miner's death or January 1, 1974, whichever is later.

(e) In the case of a claim reviewed and finally approved under § 727.108, benefits shall be payable as provided in § 725.503 of this subchapter.

(f) For the purposes of this section, the term "finally approved" means that an award of benefits has been made or affirmed by a district director, administrative law judge, the Benefits Review Board, or a U.S. court of appeals, that no further hearing, appeal, or reconsideration is pending, and the time to request such hearing, appeal, or reconsideration has expired. (See part 725 of this subchapter generally.) Benefit payments shall be initiated prior to final approval in accordance with the provisions of § 725.522 of this subchapter.

**§ 727.303 Claims filed under section 415 of the act.**

(a) A claim filed by a miner between July 1 and December 31, 1973, with the Secretary of Labor under section 415 of the act is subject to review under this section if it was pending or had been denied on or before March 1, 1978. Prior to the enactment of the Black Lung Benefits Reform Act of 1977, benefits with respect to a section 415 claim may have been payable by the Secretary of Labor from Federal funds for periods of eligibility between July 1 and December 31, 1973. However, under section 435 of the act, no benefits may be paid with respect to a claim reviewed under that section, including a section 415 claim, for any period of eligibility prior to January 1, 1974. Accordingly, in the case of any claim filed under section 415 of the act with respect to which no benefits have been awarded prior to March 1, 1978, for any period of eligibility between July 1 and December 31, 1973, no benefits which might have been

awarded for this period shall be awarded in any adjudication of the claim taking place after the effective date of this part.

(b) A claim filed under section 415 of the act which is reviewed under this part shall for all purposes be considered as if it was filed on January 1, 1974, under part C of title IV of the Act.

**§ 727.304 Liability for benefit payments.**

A claim approved under this part shall be payable either by a coal mine employer (see subpart F of part 725 of this subchapter) or the black lung disability trust fund. Benefits shall be payable by a responsible coal mine employer if the miner's last date of coal mine employment occurred on or after January 1, 1970, and if the miner's last coal mine employer or a successor to such employer is found liable under the provisions of subpart F of part 725 of this subchapter. Where it is determined that the employer liable for the payment of such benefits has not commenced payment of benefits within 30 days after the date the claimant is initially determined eligible or within 30 days after a payment is due, the fund will make the required payments. The employer is required by section 424 of the act to reimburse the fund where its liability is finally determined. For the purposes of determining the liability of a coal mine employer or the fund for the payment of an approved claim, the provisions of subparts F and H of part 725 of this subchapter shall be applicable to a claim considered under this part, including any claim originally filed under part B of title IV of the Act with the Social Security Administration. In all other cases, benefits shall be payable by the fund. Nothing in this part shall be construed in derogation of the terms of part 725 of this subchapter insofar as part 725 affects the liability of a coal mine employer.

**Subpart E—Special Review Provisions Relating to Claims Pending Before an Administrative Law Judge or the Benefits Review Board**

**§ 727.401 General.**

Section 435 of the act requires the Secretary of Labor to establish a consistent and effective procedure for the review of pending and denied claims in light of the amendments made by the Black Lung Benefits Reform Act of 1977. A number of the claims encompassed by section 435 are pending in the Office of Administrative Law Judges or before the Benefits Review Board. In order to insure a fair, orderly, and uniform disposition of claims pending before an administrative law judge or the Board which are subject to review under section 435 of the act, it has been determined that a return of many of these claims to the Office for expedited review is essential. This subpart sets forth the procedures to be followed with respect to claims which are within the jurisdiction of the Office of Administrative Law Judges or the Benefits Review Board for which review under section 435 of the act is required. In order to carry out the purposes of section 435, certain of the procedures ordinarily applicable in the adjudication of a claim are changed in certain specified instances. These changes are intended exclusively to facilitate a uniform administrative review of all pending and denied claims where such review is appropriate. Once the administrative review of these claims has been completed, the hearing and appeal procedures set forth in subpart D of part 725 of this subchapter shall be available to all parties to a claim. Additional evidence may be submitted in connection with a reviewed claim by any party as is considered appropriate by the district director or administrative law judge, and as is permitted by the act and this part.

**§ 727.402 Claims pending in the Office of Administrative Law Judges.**

(a) A claim which is pending in the Office of Administrative Law Judges may be subject to review by a district director under this part. This section sets forth criteria to be applied by the Chief Administrative Law Judge or an administrative law judge for determining whether a claim should be remanded to the district director for review under § 727.108 or whether jurisdiction over the claim should be retained and sets forth a procedure to be followed if remand is required.

(b) A claim pending in the Office of Administrative Law Judges, which has been administratively denied by the district director and with respect to which no decision has been issued, may be remanded to the district director for consideration under § 727.108, upon the request of the Director or the claimant, or by the administrative law judge on his or her own motion.

(c) A claim pending in the Office of Administrative Law Judges, which has been administratively approved by the district director and was forwarded for hearing at the request of a coal mine operator, shall be remanded to the district director for payment if the miner on whose total disability or death the claim is predicated was last engaged in coal mine employment before January 1, 1970. If the miner's last coal mine employment occurred on or after January 1, 1970, the Office of Administrative Law Judges shall retain jurisdiction over the claim and proceed to adjudicate the claimant's eligibility and the liability of the named coal mine employer in accordance with the provisions of this part. If jurisdiction over a claim is retained under this paragraph, the administrative law judge may, on his or her own motion or at the request of the claimant, remand the claim to the district director for consideration under § 727.108 if further evidentiary development of the claim is necessary. The right to review provided by § 727.108 is not available to a coal mine employer.

(d) A claim which has been denied by an administrative law judge and with respect to which no reconsideration or appeal is pending shall be automatically reviewed under § 727.108.

(e) In the case of a claim with respect to which a decision has been issued by an administrative law judge but not filed with the district director, or if the decision has been filed and the time for appeal to the Benefits Review Board has not expired, the provisions of this paragraph shall apply. If appropriate, such decision shall be immediately filed with the district director. If the decision denied the claimant's entitlement to benefits, the claim shall be considered a pending claim subject to review by the district director under § 727.108, or subject to an appeal to the Benefits Review Board. If the decision awards benefits to the claimant, the claim shall be paid as provided in part 725 of this subchapter and an appeal to the Benefits Review Board may be taken. If such an appeal is taken, the Board shall consider the appeal under the applicable provisions of this part, and may take such other action as is appropriate.

(f) Except as provided in paragraph (b) of this section, the remand of a claim authorized by this section shall be made by order of the Chief Administrative Law Judge or an administrative law judge on his or her own motion, or on the motion of any party to the claim as is appropriate.

**§ 727.403 Claims pending before the Benefits Review Board.**

(a) A claim pending before the Benefits Review Board which may be subject to review under this part shall be considered by the Board as the Board deems appropriate, in accordance with the authority given the Board by the act.

(b) If a claim subject to review under this part is pending before the Board, the Board may, on its own motion or at the request of the Director, remand such case to the district director for review under § 727.108. The consent of the parties shall not be a prerequisite to a remand by the Board under this paragraph.

(c) A claimant whose claim is pending before the Board may request that his or her claim be remanded to the district director for consideration under § 727.108.

**§ 727.404 Claims pending in a U.S. Court of Appeals.**

A claim pending in a U.S. court of appeals which may be subject to review under this part shall be considered by the court as the court deems appropriate.

**§ 727.405 Expedited review of claims.**

(a) A claim which is remanded to the district director by an administrative law judge, the Benefits Review Board, or a court, under this subpart shall be reviewed under § 727.108 and in accordance with the provisions of this part on a priority basis. Such claim shall be reviewed by the district director before any other claim, except for a claim remanded at an earlier date under this subpart. If no additional evidence is

submitted or required with respect to a claim remanded under this subpart, the district director shall make initial findings (see § 725.410 of this subchapter) on the claim within no more than 60 days from the date on which the claim was remanded.

(b) If, after appropriate notice has been given to the claimant of his opportunity to elect review by the district director in accordance with this subpart, or to proceed through the administrative appeals process, the claimant chooses not to elect review by the district director, the claimant's right to review provided by this part shall be considered fully satisfied, and no further review of the claim beyond that afforded by the appeals process shall be required under section 435 of the act.